UIA 1184 (Rev. 1-05) Authorized by MCL 421.1, et seq.



State of Michigan Department of Labor & Economic Growth UNEMPLOYMENT INSURANCE AGENCY Tax Office P.O Box 8068 Royal Oak, Michigan 48068-8068 www.michigan.gov/uia



Employer's Report on Partial Transfer of Business

UIA EMPLOYER ACCOUNT NUMBER	MAIL DATE
On or about	you transferred a portion of your business to:
From the information available, it appears that as your Experience Rating Account.	s a result of this transfer, the Transferee qualified for a pro rata assignment of
	s of wages of employees whose services were performed in connection with e four (4) completed calendar quarters preceding the transfer date.
which might have been charged erroneously to y	experience Rating Account and properly allocate any unemployment benefits your account, please complete the back of this form and return it within thirty to comply within 30 days will necessitate a rating account determinable. Also, this may result in a No-Transfer.
I certify that the information contained in this rep	oort is true and correct to the best of my knowledge.
	Signature:
	Date:
	Print Name:
	Title:

Instructions and Worksheet

1. Enter the total (gross) and taxable wages paid by you during the 4 completed calendar quarters preceding the transfer date. (Total wages represent the gross amount paid each employee. Taxable wages represent the wages on which contributions were payable.) Any figures which we have entered were taken from our records. If not correct, explain fully when you submit this report.

Q F Total Taxable ≾ Total Q :-Taxable \$ ≾ Total Q --Taxable s ≾ Total ₽ -Taxable S ≾ Total Taxable \$

2. Enter the portion of above wages allocatable to the transferred portion of the business. (In determining the figures to be entered, include all of the wages paid to employees who performed all of their services in connection with the transferred portion of the business, during the 4 calendar quarters indicated, whether they were employed on the transfer date or had been separated at some prior time. Include a proportionate percent of the wages of employees who performed some but not all of their services for the transferred portion. You may use the space provided in the table below to accumulate the amounts required.)

Total Q F. Taxable Total Q :-Taxable .≺ Total ₽ -Taxable S <u></u> Total Taxable ₽ -≾ Taxable \$

ယ Enter the total and taxable wages paid from the beginning of the quarter in which the transfer occurred to the transfer date which is allocatable to the transferred portion of the business. (Item 3 need not be answered if the transfer occurred on March 31, June 30, September 30 or December 31 of any year.)

Total \$ ______

4. In Section A below, list the name, Social Security Number and percent of time spent by each employee who performed services in connection with the transferred portion of the business during the 4 completed quarters preceding the transfer date and during the portion of the calendar quarter, if any, in which the transfer occurred (Attach additional sheets if necessary – computer printouts are acceptable). Section B is optional. However, you may find it useful in completing the wage totals required under Items 2 and 3.

A. This portion MUST be completed.	e completed.		B. This portion is OPTIONAL.	is OPTIONAL.						
			Qtr Y	Yr	Qtr\	Yr	Qtr	Yr	QtrY	Yr
NAME	S.S. NUMBER TIME	% OF	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE	TOTAL	TAXABLE
TOTALS - Transfer to Item 2	em 2		₩	\$	\$	₩.	₩.	₩.	\$	₩